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<b>AUZVILLE JACKSON, JR.</b> (Depositor's name)
<i>Auzville Jackson Jr.</i> (Signature)
<b>5/03/2006</b> (Date)

30010 7590 04/21/2006

**AUZVILLE JACKSON, JR.**  
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RICHMOND, VA 23229

05/03/2006 HDEMESS2 00000048 10034401

01 FC:2501 700.00 OP  
02 FC:8001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034,401	12/28/2001	William E. Nordt III	1440 A (NORDT)	1202

TITLE OF INVENTION: ORTHOTIC

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAVANAUGH, JOHN T	3728	036-027800

<b>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</b> <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<b>2. For printing on the patent front page, list</b> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 _____ 2 _____ 3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.  
(A) NAME OF ASSIGNEE \_\_\_\_\_ (B) RESIDENCE: (CITY AND STATE OR COUNTRY) \_\_\_\_\_

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

<b>4a. The following fee(s) are enclosed:</b> <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	<b>4b. Payment of Fee(s):</b> <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).
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**5. Change in Entity Status (from status indicated above)**  
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Auzville Jackson Jr. Date 05/03/2006  
Typed or printed name AUZVILLE JACKSON, JR. Registration No. 17,306

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